## TRANSMITTAL FORM

Application Number 10/517,864 9/8/2005 Filing Date First Named Inventor Manfred Rätzsch Art Unit 1796 Examiner Name Liam J. Heincer Attorney Docket Number 4385 - 045796

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission 33

ENCLOSURES (check all that apply)								
Fee Transmittal	Form		Drawing(s)			After Allowance communication to TC		
Fee Attach	ned	Licensing-related		d Papers		Appeal Communication to Board of Appeals and Interferences		
Amendment / Reply		Petition			Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)			
√ After Final		Petition to convert to a Provisional Applicatio				Proprietary Information		
Affidavits/	/declaration(s)	[.]	Power of Attorne Change of Corre Address			Status Letter		
Extension of Time Request  Express Abandonment Request  Information Disclosure Statement			Terminal Disclar	imer	<b>V</b>	Other Enclosure(s) (please identify below):		
Express Abandon	nment Request	Request for Refund		i i	cclaration of Dr. Manfred Rätzsch der 37 C.F.R. §1.132			
Information Disc	closure Statement	CD, Number of CD(s)			doi 57 0.2 .1c. y1.152			
		Landscape Table on CD						
Certified Copy of Priority			Remarks					
Document(s)								
Reply to Missing Parts/ Incomplete Application								
Reply to Missing Parts								
Under 37 (	CFR 1.52 or 1.53							
The Commissione	er for Patents is l	areby	authorized to a	horae opy oc	dition	al fees or underpayment of fees		
under 37 CFR 1.16				11a1ge ally ac 23-0650 .	ıdıtıdı	ar rees or underpayment of rees		
	F			,				
	SIGNATUI	RE OF	APPLICANT,	ATTORNEY	, OR A	GENT		
Firm Name The Webb Law Firm								
Signature								
Printed Name Ann M. Cannoni								
Date November 14, 2		2008		Reg. No.	35,97	35,972		
CERTIFICATE OF TRANSMISSION / MAILING								

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria VA 22313-1450 on the date shown below:

Allohalidid, 477 22313-1430 off the date shown below.							
Signature	Melion A. Guke						
	101						
Typed or printed name	Melissa A. Wyke	Date	November 14, 2008				

Effective on 12/08/2004. Complete if Known Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number 10/517,864 FEE TRANSMITTAL Filing Date 9/8/2005 For FY 2009 First Named Inventor Manfred Ratzsch **Examiner Name** Liam J. Heincer Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1796 TOTAL AMOUNT OF PAYMENT (\$) 130.00 Attorney Docket No. 4385 - 045796 METHOD OF PAYMENT (check all that apply) Check Credit Card Money Order None Other (please identify): 23-0650 Deposit Account Name: The Webb Law Firm ✓ Deposit Account Deposit Account Number:\_ For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES** Small Entity Small Entity Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 330 82 540 270 220 110 Design 220 100 140 110 50 70 Plant 220 330 110 165 170 85 Reissue 330 165 540 270 650 325 Provisional 220 0 0 110 0 0 2. EXCESS CLAIM FEES **Small Entity** Fee (\$) Fee Description Fee (\$) 52 Each claim over 20 (including Reissues) 26 220 110 Each independent claim over 3 (including Reissues) 390 195 Multiple dependent claims Multiple Dependent Claims **Total Claims** Fee Paid (\$) Extra Claims Fee (\$) - 20 or HP = Fee Paid (\$) Fee (\$) HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) - 3 or HP = HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) Total Sheets Extra Sheets (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Petition for Extension of Time 130.00

SUBMITTED BY							
Signature	an	<u></u>	Registration No. (Attorney/Agent)	35,972	Telephone	412-471-8815	
Name (Print/Type)	Ann M. Cannoni		-		Date No	vember 14, 2008	